



CAMPUS SECURITY AUTHORITY (CSA) CRIME REPORTING FORM

INFORMATION SHEET

According to the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (the Clery Act), Cal Maritime is required to collect and annually publish statistics concerning the occurrence of crimes on campus property, residential facilities, non-campus property, and public property, reported to University Police, local police or Campus Security Authorities (CSA).

CSA's are defined as "an official of an institution who has significant responsibility for student and campus activities, including but not limited to, student housing, student discipline, and judicial procedures." The information collected from these forms are used to prepare statistical crime information for inclusion in the Cal Maritime **Annual Security Report** and **Campus Safety Plan**. The Clery Director will use this form to determine the category of the crime and the location under which the incident should be reported, according to the requirements of the Clery Act. Data collected on this form is to be used to promote crime awareness and enhance campus safety.

If a reporting person requests anonymity, this request must be honored to the extent permitted by law. Accordingly, no information should be included on this form that would personally identify the complainant without his/her consent.

- "Good-faith," confidential, second hand or anonymous reports shall be accepted
- Encourage the complainant to report the crime to the University Police Department
- If the crime indicates the possibility of an imminent community threat, inform University Police without delay
- If the crime reported is a sexual assault or other violent crime:
 - a. Inform the complainant and/or witness of the support services available
 - b. Actively support the complainant and/or witness in accessing these services

Complete the CSA Crime Reporting form and handle as a confidential document.

Send to the attention of:

Craig Dawson
cdawson@sum.edu

(707) 654-1076



CAMPUS SECURITY AUTHORITY (CSA) CRIME REPORTING FORM

WHAT CLERY CRIME YOU ARE REPORTING?*

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> <input type="radio"/> Murder <input type="radio"/> Manslaughter by negligence <input type="radio"/> Rape <input type="radio"/> Fondling <input type="radio"/> Incest <input type="radio"/> Statutory Rape <input type="radio"/> Robbery <input type="radio"/> Aggravated Assault <input type="radio"/> Burglary <input type="radio"/> Motor vehicle theft <input type="radio"/> Arson <input type="radio"/> Dating Violence <input type="radio"/> Domestic Violence <input type="radio"/> Stalking | <ul style="list-style-type: none"> <input type="radio"/> Liquor law <i>arrests</i> <input type="radio"/> Liquor law <i>referrals</i> <input type="radio"/> Drug law <i>arrests</i> <input type="radio"/> Drug law <i>referrals</i> <input type="radio"/> Weapons law <i>arrests</i> <input type="radio"/> Weapons law <i>referrals</i> <input type="radio"/> Noncriminal acts of hate violence <input type="radio"/> Theft <input type="radio"/> Destruction of property <input type="radio"/> Illegal Drugs <input type="radio"/> Alcohol intoxication | <ul style="list-style-type: none"> <input type="radio"/> Robbery <input type="radio"/> Aggravated assault <input type="radio"/> HATE CRIME <p>Indicate bias:</p> <ul style="list-style-type: none"> <input type="radio"/> Ethnicity <input type="radio"/> National origin <input type="radio"/> Race <input type="radio"/> Gender <input type="radio"/> Gender identity <input type="radio"/> Sexual orientation <input type="radio"/> Religion <input type="radio"/> Disability |
|---|--|---|

PART I VIOLENT CRIMES

- Willful homicide
- Rape

***IF MULTIPLE CRIMES TOOK PLACE, COMPLETE A SEPARATE REPORT FORM FOR EACH CRIME**

<u>Name of CSA</u>	<u>Phone Number</u> (____) _____ - _____	<u>Date Crime was Reported</u> ____/____/____	<u>Time Crime was Reported</u> ____:____ am / pm
<u>LOCATION OF CRIME</u> _____	<u>Reported By</u> The Victim <input type="checkbox"/> A Third Party <input type="checkbox"/>	<u>Date of Crime</u> ____/____/____	<u>Time of Crime</u> ____:____ am / pm

REQUIRED FOR SEXUAL ASSAULTS

What support services and resources did you provide to the victim?

How did you actively support the complainant and/or witness in accessing these services?
